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## **Nonprofit Explorer**

Research Tax-Exempt Organizations

# **Unknown Organization**

### Full text of "Form 990" for fiscal year ending Dec. 2014

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from IRS e-File Viewer by Ben Getson.

← Back to main page for Unknown Organization



efile Public Visual Render

ObjectId: 201503209349311870 - Submission: 2015-11-16

TIN: 45-2600535



Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
   Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>.

OMB No. 1545-0047

Inspection

| A Fo                           | or the 201                | calendar year, or tax year beginning 01-01-2014 , and ending 12-3                     | 1-2014                                    |             |                           |
|--------------------------------|---------------------------|---|---|-------------|---------------------------|
|                                | ck if applicabl           | e: C Name of organization AMERICAN COMMITMENT   | D Employe                                 | r identif   | fication number           |
|                                | dress change<br>me change |   | 45-2600                                   | 535         |                           |
|                                | ial return                | Doing business as   |   |             |                           |
|                                | l return/termina          | ated  |   | <del></del> |                           |
|                                | ended return              | realiser and street (or 1.6. box in main is not delivered to street dadress) recompsu | ite E Telephone                           | number      | •                         |
| App                            | olication pend            | ing 1300 PENNSYLVANIA AVE NW 190-406  | (202) 65                                  | 6-2193      |                           |
|                                |                           | City or town, state or province, country, and ZIP or foreign postal code              |   |             |                           |
|                                |                           | WASHINGTON, DC 20004  | <b>G</b> Gross red                        | eipts \$ 2  | ,291,510                  |
|                                |                           | <b>F</b> Name and address of principal officer: PHIL KERPEN                           | <b>H(a)</b> Is this a group ret           | urn for     |                           |
|                                |                           | 1300 PENNSYLVANIA AVE NW 190-406  | subordinates?                             |             | 🗌 Yes 🛂 No                |
|                                |                           | WASHINGTON, DC 20004  | <b>H(b)</b> Are all subordinate included? | :5          | Yes No                    |
| <b>I</b> Tax                   | r-exempt stat             | us: ☐ 501(c)(3) ✓ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527                     | If "No," attach a li                      | -           | -                         |
| J W                            | ebsite: 🕨                 | WWW.AMERICANCOMMITMENT.ORG  | <b>H(c)</b> Group exemption               | number      | •                         |
| <b>K</b> Forn                  | n of organizat            | ion: 🗸 Corporation 🗌 Trust 🗎 Association 🗀 Other 🕨                                    | L Year of formation: 2011                 | M St        | ate of legal domicile: VA |
| Pa                             | rt T Sı                   | ımmary  |   |             |                           |
| Fa                             |                           | describe the organization's mission or most significant activities:                   |   |             |                           |
|                                | FURTH                     | ER THE COMMON GOOD AND GENERAL WELFARE OF THE CITIZENS OF THE U                       | NITED STATES OF AMERIC                    | A BY EC     | DUCATING THE              |
| Ce                             | PUBLIC                    | ABOUT FREE MARKET ECONOMIES AND RELATED PUBLIC POLICIES.                              |   |             |                           |
| naı                            |                           |   |   |             |                           |
| Activities & Governance        |                           |   |   |             |                           |
| GO                             | _                         | this box ► □ er of voting members of the governing body (Part VI, line 1a)            |   | 3           | <b>l</b> 3                |
| *8                             |                           |   |   | 4           | 2                         |
| Jes                            |                           | er of independent voting members of the governing body (Part VI, line 1b)             |   | 5           |                           |
| M                              |                           | number of individuals employed in calendar year 2014 (Part V, line 2a)                |   |             | 4                         |
| Act                            |                           | number of volunteers (estimate if necessary)  |   | 6           | 0                         |
|                                |                           | unrelated business revenue from Part VIII, column (C), line 12                        |   | 7a<br>7b    | 0                         |
|                                | <b>b</b> Net ur           | nrelated business taxable income from Form 990-T, line 34                             |   | /D          |                           |
|                                | <b>0</b> Ct               | hading and surety (Data MIII line 4h)   | Prior Year                                | 20          | Current Year              |
| 9                              |                           | butions and grants (Part VIII, line 1h)   | 1,023,3                                   | -           | 2,291,510                 |
| Revenue                        | -                         | am service revenue (Part VIII, line 2g)   |   | 0           | 0                         |
| æ                              |                           | ment income (Part VIII, column (A), lines 3, 4, and 7d )                              |   | 0           | 0                         |
|                                |                           | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                    | 1,0                                       |             | 2 201 510                 |
|                                |                           | revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)            | 1,024,3                                   | _           | 2,291,510                 |
|                                |                           | s and similar amounts paid (Part IX, column (A), lines 1–3)                           | 135,0                                     | 00          | 242,500                   |
|                                |                           | ts paid to or for members (Part IX, column (A), line 4)                               |   | 0           | 0                         |
| 88                             |                           | es, other compensation, employee benefits (Part IX, column (A), lines 5–10)           | 307,8                                     | 42          | 325,614                   |
| Exp enses                      | <b>16a</b> Profes         | ssional fundraising fees (Part IX, column (A), line 11e)                              |   | 0           | 0                         |
| χb                             | <b>b</b> Total fo         | ındraising expenses (Part IX, column (D), line 25) ▶0                                 |   |             |                           |
| ш                              | 17 Other                  | expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                | 475,0                                     | 64          | 1,433,967                 |
|                                |                           | expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                   | 917,9                                     | 06          | 2,002,081                 |
|                                | <b>19</b> Reven           | ue less expenses. Subtract line 18 from line 12                                       | 106,4                                     | 41          | 289,429                   |
| Net Assets or<br>Fund Balances |                           |   | Beginning of Current Ye                   | ar          | End of Year               |
| set                            | <b>20</b> Total a         | assets (Part X, line 16)  | 276,6                                     | 02          | 566,031                   |
| t As                           |                           | iabilities (Part X, line 26)  | ,   | 0           | 0                         |
| SE.                            |                           | sets or fund halances. Subtract line 21 from line 20                                  | 276.6                                     | 02          | 566 031                   |

**Signature Block** 

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

| 3 Did for   4 Sec Did If ") 5 Is the assert ") 6 Did to proper ") 7 Did the 8 Did If ") 9 Did for a serv 10 Did perr 11 If the or X a Did If ") b Did assert C Did tota d Did in Pe Did for Did If Tota conserved to the conserved  | the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  If the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates public office? If "Yes," complete Schedule C, Part I  It he organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? "Yes," complete Schedule C, Part II  It he organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sessments, or similar amounts as defined in Revenue Procedure 98-19?  "Yes," complete Schedule C, Part III  If the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advice on the distribution or investment of amounts in such funds or accounts?  "Yes," complete Schedule D, Part II  If the organization receive or hold a conservation easement, including easements to preserve open space, environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  If the organization maintain collections of works of art, historical treasures, or other similar assets?  "Yes," complete Schedule D, Part III  If the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation vices?If "Yes," complete Schedule D, Part IV  If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, remainent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II  If the organization report an amount for land, buildings, and equipment in Part X, line 10?  "Yes," complete Schedule D, Part VII  If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  If the or | 11a                              | Yes | No<br>No<br>No |
|--|--|----------------------------------|-----|----------------|
| for plid If ")  5 Is the assert of ")  6 Did to proper of ")  7 Did the serv  8 Did for a serv  10 Did perror X  a Did If ")  b Did assert of X  c Did tota of X  d Did in P  e Did  f Did   | republic office? If "Yes," complete Schedule C, Part I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 4<br>5<br>6<br>7<br>8<br>9<br>10 | Yes | No<br>No       |
| Did If ")  5 Is the asserting servers a Did asserting b Did b Di | If the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? "Yes," complete Schedule C, Part II  | 5<br>6<br>7<br>8<br>9<br>10      |     | No<br>No       |
| asse If ") 6 Did to p If ") 7 Did the 8 Did If ") 9 Did for a serv 10 Did perr 11 If th or X a Did If ") b Did asse c Did tota d Did in P e Did f Did  | "Yes," complete Schedule C, Part III   | 6<br>7<br>8<br>9<br>10           |     | No<br>No       |
| to p If ")  7 Did the  8 Did If ")  9 Did for a serv  10 Did perr  11 If th or X  a Did If ")  b Did asse  c Did tota d Did in P e Did  f Did  | Provide advice on the distribution or investment of amounts in such funds or accounts?  "Yes," complete Schedule D, Part I  If the organization receive or hold a conservation easement, including easements to preserve open space, a environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  If the organization maintain collections of works of art, historical treasures, or other similar assets?  "Yes," complete Schedule D, Part III  If the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation vices? If "Yes," complete Schedule D, Part IV  If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, rmanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, X as applicable.  If the organization report an amount for land, buildings, and equipment in Part X, line 10?  "Yes," complete Schedule D, Part VI.  If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  If the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its all assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 7<br>8<br>9<br>10                | Yes | No<br>No       |
| 7 Did the 8 Did If "') 9 Did for a serv 10 Did perr 11 If thor X a Did If "') b Did assec c Did tota d Did in P e Did f Did  | If the organization receive or hold a conservation easement, including easements to preserve open space, a environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 8<br>9<br>10                     | Yes | No<br>No       |
| <ul> <li>8 Did If ")</li> <li>9 Did for a serv</li> <li>10 Did perr</li> <li>11 If thor X</li> <li>a Did If ")</li> <li>b Did asse</li> <li>c Did tota</li> <li>d Did in P</li> <li>e Did</li> <li>f Did</li> </ul>  | If the organization maintain collections of works of art, historical treasures, or other similar assets?  "Yes," complete Schedule D, Part III  the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation revices? If "Yes," complete Schedule D, Part IV  the organization, directly or through a related organization, hold assets in temporarily restricted endowments, remanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, X as applicable.  the organization report an amount for land, buildings, and equipment in Part X, line 10?  "Yes," complete Schedule D, Part VI.  the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its all assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 9<br>10                          | Yes | No             |
| 9 Did for a serv  10 Did perr  11 If thor X  a Did If ")  b Did assect Did tota  d Did in P  e Did  f Did  | If the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation revices? If "Yes," complete Schedule D, Part IV  | 10<br>11a                        | Yes |                |
| perr<br>11 If the<br>or X<br>a Did<br>If ")<br>b Did<br>assec<br>c Did<br>tota<br>d Did<br>in P<br>e Did<br>f Did  | rmanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 11a                              | Yes | No             |
| or X  a Did If ")  b Did asse c Did tota d Did in P  e Did  f Did  | X as applicable. If the organization report an amount for land, buildings, and equipment in Part X, line 10? "Yes," complete Schedule D, Part VI. If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII If the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its all assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11a                              | Yes |                |
| <ul> <li>If ")</li> <li>b Did asse</li> <li>c Did tota</li> <li>d Did in P</li> <li>e Did</li> <li>f Did</li> </ul>  | "Yes," complete Schedule D, Part VI  |                                  | Yes |                |
| asse c Did tota d Did in P e Did f Did   | sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  so  |                                  |     |                |
| tota d Did in P e Did f Did  | al assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐕  |                                  |     | No             |
| in P  e Did  f Did   |  | 11c                              |     | No             |
| <b>f</b> Did   | If the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d                              |     | No             |
|  | the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥵  | 11e                              |     | No             |
|  | d the organization's separate or consolidated financial statements for the tax year include a footnote that addresses e organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏   | 11f                              |     | No             |
| If "Y  | the organization obtain separate, independent audited financial statements for the tax year?<br>"Yes," complete Schedule D, Parts XI and XII 🐿   | 12a                              |     | No             |
| If "Y  | as the organization included in consolidated, independent audited financial statements for the tax year?<br>"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 📆   | 12b                              |     | No             |
|  | the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13                               |     | No             |
| <b>14a</b> Did   | the organization maintain an office, employees, or agents outside of the United States?  | 14a                              |     | No             |
| busi   | I the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, siness, investment, and program service activities outside the United States, or aggregate foreign investments lued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b                              |     | No             |
|  | If the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any eign organization? If "Yes," complete Schedule F, Parts II and IV   | 15                               |     | No             |
|  | the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16                               |     | No             |
| <b>17</b> Did colu   | the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, umn (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)  | 17                               |     | No             |
|  | the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, es 1c and 8a? If "Yes," complete Schedule G, Part II  | 18                               |     | No             |
|  | the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," mplete Schedule G, Part III   | 19                               |     | No             |
| <b>20a</b> Did   | the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a                              |     | No             |
| <b>b</b> If "\   |  | 20b                              | -   | . <u></u>      |

Form 990 (2014) Page

| 1 0111 | 1 550 (2014)  |    |     | Page • |
|--------|---|----|-----|--------|
| Pa     | Checklist of Required Schedules (continued)   |    |     |        |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes |        |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                     | 22 |     | No     |

| 23<br>23 as of 24a    | Yes            |  |
|-----------------------|----------------|--|
| 24a                   |                |  |
|                       |                | No   |
| 24b                   |                |  |
| 24c                   |                |  |
| 24d                   |                |  |
| ,<br>25a              |                | No   |
| ear, and <b>25b</b>   |                | No   |
| 26                    |                | No   |
| el<br>ember 27        |                | No   |
|                       |                |  |
|                       |                |  |
| <b>28a</b><br>L, Part |                | No   |
| 28b                   |                | No   |
| as an <b>28c</b>      |                | No   |
| 29                    |                | No   |
| ation <b>30</b>       |                | No   |
| I . 31                |                | No   |
| 32                    |                | No   |
| ctions 33             |                | No   |
| IV, and <b>34</b>     |                | No   |
| 35a                   |                | No   |
| entity 35b            |                |  |
| ed <b>36</b>          |                |  |
| nd that <b>37</b>     |                | No   |
| Note. 38              | Yes            |  |
|                       | Form <b>99</b> | <b>0</b> (2014)                                  |
|                       |                |  |
|                       |                | Page 5   |
|                       |                | . age s  |
|                       |                |  |
| 11                    | Yes            | No   |
| 0                     |                |  |
| aming                 |                |  |
| 1c                    | Yes            | <del>                                     </del> |
|                       | 11 0           | 0<br>ming  |

2a

| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b  | Yes           |        |
|------------|--|-----|---------------|--------|
| 3а         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |               | No     |
|            | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |               |        |
|            | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |     |               |        |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4-  |               |        |
|            |  | 4a  |               | No     |
| b          | If "Yes," enter the name of the foreign country: \(\bigs\) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |               |        |
|            | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |     |               |        |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |               | No     |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     |               | No     |
|            |  | 5b  |               |        |
| С          | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |               |        |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                  | 6a  | Yes           |        |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  | Yes           |        |
| 7          | Organizations that may receive deductible contributions under section 170(c).  |     |               |        |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  |               |        |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |               |        |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |               |        |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |     |               |        |
|            |  |     |               |        |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |               |        |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |               |        |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as   |     |               |        |
|            | required?  | 7g  |               |        |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |               |        |
| 8          | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during                                     |     |               |        |
|            | the year?  | 8   |               |        |
| <b>0</b> = | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |               |        |
| b          | Did the sponsoring organization make any taxable distributions under section 4,500:  | 9b  |               |        |
| 10         | Section 501(c)(7) organizations. Enter:  | 35  |               |        |
|            | Initiation fees and capital contributions included on Part VIII, line 12   |     |               |        |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b   |     |               |        |
| 11         | Section 501(c)(12) organizations. Enter:   |     |               |        |
| а          | Gross income from members or shareholders  |     |               |        |
| b          | Gross income from other sources (Do not net amounts due or paid to other sources   |     |               |        |
|            | against amounts due or received from them.)  |     |               |        |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |               |        |
|            | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |     |               |        |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |               |        |
|            |  |     |               |        |
| а          | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                            | 13a |               |        |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |               |        |
| c          | Enter the amount of reserves on hand   |     |               |        |
| 14a        | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |               | No     |
| b          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$  | 14b |               |        |
|            |  | F   | orm <b>99</b> | (2014) |

—— Page 6 ——

Form 990 (2014) Page **6** 

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Check if Schedule O | contains a response | or note to ar | ny ling in thic Part \ | /T |  |  |  |  |  | Ι. |
|---------------------|---------------------|---------------|------------------------|----|--|--|--|--|--|----|
|                     |                     |               |                        |    |  |  |  |  |  |    |

| Se  | ection A. Governing Body and Management  |        |     |    |
|-----|--|--------|-----|----|
|     |  |        | Yes | No |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 1a   |        |     |    |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |        |     |    |
| b   | Enter the number of voting members included in line 1a, above, who are independent  1b 2   |        |     |    |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2      |     | No |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3      |     | No |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4      |     | No |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5      |     | No |
| 6   | Did the organization have members or stockholders?   | 6      |     | No |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a     |     | No |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b     |     | No |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |        |     |    |
| а   | The governing body?  | 8a     | Yes |    |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b     |     | No |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | 9      |     | Ne |
| -   | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |        | . \ | No |
| 56  | ection B. Policies (This Section B requests information about policies not required by the Internal Revenue  | e Coae | Yes | No |
| 102 | Did the organization have local chapters, branches, or affiliates?   | 10a    | 163 | No |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 104    |     | NO |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b    |     |    |
|     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a    | Yes |    |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |        |     |    |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a    | Yes |    |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b    | Yes |    |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c    | Yes |    |
| 13  | Did the organization have a written whistleblower policy?  | 13     | Yes |    |
| 14  | Did the organization have a written document retention and destruction policy?   | 14     | Yes |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |        |     |    |
| а   | The organization's CEO, Executive Director, or top management official   | 15a    | Yes |    |
| b   | Other officers or key employees of the organization  | 15b    |     | No |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |        |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a    |     | No |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b    |     |    |
| Se  | ection C. Disclosure   |        |     |    |
| 17  | List the States with which a copy of this Form 990 is required to be filed   | _      |     |    |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  |        |     |    |
|     | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)   |        |     |    |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  |        |     |    |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records:  |        |     |    |

Form **990** (2014)

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Form 990 (2014) Page **7** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization no | or any related o  | ganizat | tion c         | omp                   | ens                             | ated a   | ny c | current officer, dire   | ctor, or trustee.  |  |
|---|---|---------|----------------|-----------------------|---------------------------------|--|------|---|--|--|
| (A)<br>Name and Title                         | (B) Average hours per week (list any hours for related organizations below dotted line) | pers    | an on<br>on is | e bo<br>botl<br>recto | t cho<br>ox, u<br>h an<br>or/tr | eck minless office (ustee) Highest compensated | er   | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) PHIL KERPEN                               | 40.00   | Х       |                | Х                     |                                 |  |      | 200,000   | 0  | 0  |
| PRESIDENT                                     | 1.00  |         |                |                       |                                 |  |      |   |  |  |
| (2) MARY BETH WEISS DIRECTOR                  | 1.00  | Х       |                |                       |                                 |  |      | 0   | 0  | 0  |
| (3) PAM PRYOR                                 | 1.00  |         |                |                       |                                 |  |      |   |  |  |
| DIRECTOR                                      |   | Х       |                |                       |                                 |  |      | 0   | 0  | 0  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       |                                 |  |      |   |  |  |
|   |   |         |                |                       | l                               |  | l    |   |  |  |

Form **990** (2014)

Page 8 -

| Form 990 (2014)   |  |                                   |                       |                           |                               |                              |        |                               |   |   |               |  | Page <b>8</b>                     |
|---|--|-----------------------------------|-----------------------|---------------------------|-------------------------------|------------------------------|--------|-------------------------------|---|---|---------------|--|-----------------------------------|
| (A)<br>Name and Title   | (B) Average hours per week (list any hours for related | than o                            | ne b                  | ox, u<br>in off<br>tor/ti | t ch<br>inle<br>ficei<br>rust | r and a<br>ee)               | son    | Rep<br>comp<br>fro<br>organiz | ortable ensation m the ration (W-19-MISC) | (E) Reportable compensatio from related organizations ( 2/1099-MISO | n<br>d<br>(W- | Estima<br>amount of<br>compen<br>from<br>organizat | ated<br>of other<br>sation<br>the |
|   | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director | Institutional Trustee | Officer                   | Key employee                  | Highest compensated employee | Former | 2,103                         | J 1125C)                                  | 2/1033 11300  |               | relat<br>organiza                                  | ed                                |
|   |  |                                   |                       |                           |                               |                              |        |                               |   |   |               |  |                                   |
|   |  |                                   |                       |                           |                               |                              |        |                               |   |   |               |  |                                   |
|   |  |                                   |                       |                           |                               |                              | -      |                               |   |   |               |  |                                   |
|   |  |                                   |                       |                           |                               |                              | 1      |                               |   |   |               |  |                                   |
|   |  |                                   |                       |                           |                               |                              |        |                               |   |   |               |  |                                   |
|   |  |                                   |                       |                           |                               |                              | -      |                               |   |   |               |  |                                   |
|   |  |                                   |                       |                           |                               |                              |        |                               |   |   |               |  |                                   |
|   |  |                                   |                       |                           |                               |                              |        |                               |   |   |               |  |                                   |
|   |  |                                   |                       |                           |                               |                              |        |                               |   |   |               |  |                                   |
| Part VII Section A. Officers, Direct  | tors Trustoos  | . Kay l                           | Empl                  | 0.40                      |                               | and                          | Uial   | nost Co                       | mnonca                                    | tod Employees   | (cont         | tinuad)  |                                   |
| 1b Sub-Total  | -  |                                   |                       | _                         | cs,                           | allu                         | nigi   | iest co                       | Препза                                    | teu Employees   | (COIII        | inueu)   |                                   |
| c Total from continuation sheets to P<br>d Total (add lines 1b and 1c)  | art VII, Sectio  | nΑ.                               |                       |                           | •                             | <b>*</b>                     |        |                               | 200,000                                   |   | 0             |  |                                   |
| Total number of individuals (including of reportable compensation from the compensa | but not limited  | to thos                           |                       |                           | oov                           |                              | rec    | eived mo                      | re than \$                                | 100,000   |               |  |                                   |
| - Of reportable compensation from the   | organization •   | 1                                 |                       |                           |                               |                              |        |                               |   |   |               | Yes  | No                                |
| 3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .   |  |                                   | ee, k                 | ey er<br>•                | mple<br>•                     | oyee,                        | or hi  | ghest co                      | mpensate                                  | d employee on   | 3             |  | No                                |
| 4 For any individual listed on line 1a, is organization and related organization  |  |                                   |                       |                           |                               |                              |        |                               |   | om the  |               |  |                                   |
| <ul><li>individual</li></ul>  |  | •                                 |                       |                           |                               |                              |        | _                             | tion or in                                | dividual for  | 4             | Yes  |                                   |
| services rendered to the organization  Section B. Independent Contract  | , ,  | lete Sch                          | edule                 | e J fo                    | r sı                          | ich pei                      | rson   |                               |   |   | 5             |  | No                                |
| Complete this table for your five high from the organization. Report compe  | est compensate   |                                   |                       |                           |                               |                              |        |                               |   |   | mpen          | sation   |                                   |
| Name  | (A)<br>and business addre                              | ess                               | •                     |                           |                               |                              |        |                               | De  | (B)<br>scription of services  |               | Compe  |                                   |
| VICTORY MEDIA GROUP LTD  1701 E LAKE AVE SUITE 335  |  |                                   |                       |                           |                               |                              |        |                               | OUTBOUN                                   | D CALLING-CONSUL  | TING          |  | 870,808                           |
| GLENVIEW, IL 60025 RIGHTON STRATEGIES LLC   |  |                                   |                       |                           |                               |                              |        |                               | OUTBOUN                                   | D CALLING-CONSUL  | TING          |  | 175,955                           |
| 373 SOUTH WILLOW STREET PMB 106<br>MANCHESTER, NY 03103   |  |                                   |                       |                           | _                             |                              |        |                               |   |   |               |  |                                   |
|   |  |                                   |                       |                           |                               |                              |        |                               |   |   |               |  |                                   |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2

Form **990** (2014)

|   |  |                      |                    | - Page 9 ———  |   |                                  |   |
|---|--|----------------------|--------------------|---------------|---|----------------------------------|---|
| orm 99  | 90 (2014)  |                      |                    |               |   |                                  | Page <b>9</b>   |
| Part \  | /III Statement of Revenue  |                      |                    |               |   |                                  | rage <b>3</b>   |
|   | Check if Schedule O contains   | s a respo            | onse or note to an | (A)           | (B)   | (C)                              | (D)   |
|   |  |                      |                    | Total revenue | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under sections<br>512-514 |
| 0 S   | <b>1a</b> Federated campaigns  | 1a                   |                    |               |   | •                                |   |
| ant   | <b>b</b> Membership dues   | 1b                   |                    |               |   |                                  |   |
| يَّ قَ  | <b>c</b> Fundraising events  | <b>1</b> c           |                    |               |   |                                  |   |
| ifts,   | <b>d</b> Related organizations   | 1d                   |                    |               |   |                                  |   |
| <u>1</u>  | e Government grants (contributions)  | 1e                   |                    |               |   |                                  |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above  | 1f                   | 2,291,510          |               |   |                                  |   |
| ntrib<br>d Oth  | <b>9</b> Noncash contributions included in lines 1a-1f:\$  |                      |                    |               |   |                                  |   |
| Cont  | h Total.Add lines 1a-1f  |                      | ▶                  | 2,291,510     |   |                                  |   |
| Me  |  |                      | Business Code      |               |   |                                  |   |
| ever  | 2a   |                      |                    |               |   |                                  |   |
| Program Service Revenue                                   | b  |                      |                    |               |   |                                  |   |
|   | c  |                      |                    |               |   |                                  |   |
|   | d  |                      |                    |               |   |                                  |   |
| gran  | <b>f</b> All other program service revenu  | IE _                 |                    |               |   |                                  |   |
| Proj  |  |                      |                    |               |   |                                  |   |
|   | <b>g Total.</b> Add lines 2a-2f <b>3</b> Investment income (including d  |                      |                    | er            |   |                                  | <sup>-</sup> l  |
|   | similar amounts) 4 Income from investment of tax-  |                      |                    | <u> </u>      |   |                                  |   |
|   | <b>5</b> Royalties   | •                    | •                  | <u> </u>      |   |                                  |   |
|   | (i) I  |                      | (ii) Personal      |               |   |                                  |   |
|   | 6a Gross rents   |                      |                    |               |   |                                  |   |
|   | <b>b</b> Less: rental expenses   |                      |                    |               |   |                                  |   |
|   | c Rental income or (loss)  |                      |                    |               |   |                                  |   |
|   | <b>d</b> Net rental income or (loss) .   |                      | ,                  | -             |   |                                  |   |
|   | .,,  | urities              | (ii) Other         |               |   |                                  |   |
|   | 7a Gross amount from sales of assets other than inventory  |                      |                    |               |   |                                  |   |
|   | <b>b</b> Less: cost or<br>other basis and<br>sales expenses  |                      |                    |               |   |                                  |   |
|   | C Gain or (loss)   |                      |                    |               |   |                                  |   |
| Other Revenue   | d Net gain or (loss)  8a Gross income from fundraising (not including \$ contributions reported on line : See Part IV, line 18 | events<br>of<br>lc). | ,                  | •             |   |                                  |   |
| ě   | <b>b</b> Less: direct expenses   |                      | <u> </u>           |               |   |                                  |   |
| je<br>G   | c Net income or (loss) from fund   |                      |                    | ,             |   |                                  |   |
| o<br>th<br>O  | <b>9a</b> Gross income from gaming act See Part IV, line 19  |                      |                    |               |   |                                  |   |

|  | - · · · · · · · · · · · · · · · · · · · |           |   |   |   |
|--|---|-----------|---|---|---|
| a  |   |           |   |   |   |
| <b>b</b> Less: direct expenses <b>b</b>                          |   |           |   |   |   |
| <b>c</b> Net income or (loss) from gaming activit                | ies                                     | _         |   |   |   |
| <b>10a</b> Gross sales of inventory, less returns and allowances |   |           |   |   |   |
| a  |   |           |   |   |   |
| <b>b</b> Less: cost of goods sold <b>b</b>                       |   |           |   |   |   |
| c Net income or (loss) from sales of inven                       | tory 🕨                                  |           |   |   |   |
| Miscellaneous Revenue  | Business Code                           |           |   |   |   |
| 11a  |   |           |   |   |   |
|  | <del>-</del>                            |           |   |   |   |
| ь  | ı                                       |           |   |   |   |
|  | 1                                       |           |   |   |   |
|  |   |           |   |   |   |
| с  | 1                                       |           |   |   |   |
|  |   |           |   |   |   |
| <b>d</b> All other revenue                                       |   |           |   |   |   |
| e Total. Add lines 11a-11d                                       |   |           |   |   |   |
|  |   |           |   |   |   |
| <b>12 Total revenue.</b> See Instructions                        |   | 2,291,510 | 0 | 0 | 0 |

Form **990** (2014)

Page 10

Form 990 (2014) Page **10** 

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . (B) (C) Do not include amounts reported on lines 6b, (D) (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses expenses general expenses 242,500 242,500 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 200,000 200,000 Compensation of current officers, directors, trustees, and key employees . . . **6** Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 51,299 51,299 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . Other employee benefits . . 32,396 32,396 41,919 41,919 **10** Payroll taxes . . . . 11 Fees for services (non-employees): **a** Management . . . 28,362 **b** Legal . 28,362 11,900 11,900 **c** Accounting . e Professional fundraising services. See Part IV, line 17 **f** Investment management fees . **g** Other (If line 11g amount exceeds 10% of line 25, column 125,105 125,105 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . . . 67,691 67,691 **13** Office expenses . . 1,051,810 1,047,214 4,596 7,381 **14** Information technology 7,381 15 Royalties .

| Tonpront Exp   | iorer emanewn organ | inzution Tomin >>0 Ti | or doned | _                      |
|--|---------------------|-----------------------|----------|------------------------|
| <b>16</b> Occupancy  |                     |                       |          |                        |
| <b>17</b> Travel   | 6,733               |                       | 6,733    |                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .   |                     |                       |          |                        |
| <b>19</b> Conferences, conventions, and meetings   |                     |                       |          |                        |
| <b>20</b> Interest   |                     |                       |          |                        |
| 21 Payments to affiliates  |                     |                       |          |                        |
| <b>22</b> Depreciation, depletion, and amortization  | 96                  |                       | 96       |                        |
| 23 Insurance   |                     |                       |          |                        |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)               |                     |                       |          |                        |
| a MEDIA PRODUCTION   | 117,486             | 117,486               |          |                        |
| <b>b</b> POLLING, PRINTING, LIST   | 17,403              | 17,403                |          |                        |
| c  |                     |                       |          |                        |
| d  |                     |                       |          |                        |
| e All other expenses   |                     |                       |          |                        |
| 25 Total functional expenses. Add lines 1 through 24e  | 2,002,081           | 1,824,780             | 177,301  | 0                      |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720). |                     |                       |          |                        |
|  |                     |                       |          | Form <b>990</b> (2014) |

———— Page 11 ———

| Part X           | Balance Sheet   |         |                         |                                 |             | Page <b>1</b>             |
|------------------|---|---------|-------------------------|---------------------------------|-------------|---------------------------|
|                  | Check if Schedule O contains a response or no   | te to a | ny line in this Part IX |                                 |             |                           |
|                  | ·   |         |                         | <b>(A)</b><br>Beginning of year |             | <b>(B)</b><br>End of year |
| 1                | Cash-non-interest-bearing   |         |                         | 276,362                         | 1           | 565,887                   |
| 2                | Savings and temporary cash investments .  |         | 2                       |                                 |             |                           |
| 3                | Pledges and grants receivable, net  |         | 3                       |                                 |             |                           |
| 4                | Accounts receivable, net  |         | 4                       |                                 |             |                           |
| 5                | Loans and other receivables from current and for<br>trustees, key employees, and highest compensa<br>II of Schedule L   |         | 5                       |                                 |             |                           |
| 6<br>4           | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L |         | 6                       |                                 |             |                           |
| 7<br>20<br>8     | Notes and loans receivable, net   |         | 7                       |                                 |             |                           |
| 8                | Inventories for sale or use   |         | 8                       |                                 |             |                           |
| 9                | Prepaid expenses and deferred charges   |         | 9                       |                                 |             |                           |
| 10a              | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a     | 1,000                   |                                 |             |                           |
| b                | Less: accumulated depreciation  | 10b     | 856                     | 240                             | <b>10</b> c | 144                       |
| 11               | Investments—publicly traded securities .  |         | 11                      |                                 |             |                           |
| 12               | Investments—other securities. See Part IV, line 11  |         |                         |                                 | 12          |                           |
| 13               | Investments—program-related. See Part IV, line 11   |         |                         |                                 | 13          |                           |
| 14               | Intangible assets   |         |                         |                                 | 14          |                           |
| 15               | Other assets. See Part IV, line 11  |         |                         |                                 | 15          |                           |
| 16               | Total assets.Add lines 1 through 15 (must equal line 34)  |         |                         | 276,602                         | 16          | 566,031                   |
| 17               | Accounts payable and accrued expenses   |         |                         |                                 | 17          |                           |
| 18               | Grants payable  |         |                         |                                 | 18          |                           |
| 19               | Deferred revenue  |         | 19                      |                                 |             |                           |
| 20               | Tax-exempt bond liabilities   |         | 20                      |                                 |             |                           |
| <sub>εΛ</sub> 21 | Escrow or custodial account liability. Complete   |         | 21                      |                                 |             |                           |

Nonprofit Explorer - Unknown Organization - Form 990 - ProPublica

audit or audite, explain why in Schedule O and describe any steps taken to undergo such audits

5/30/2019

Form **990** (2014

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

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Form 990 (2014)

Page **13**